

**Representative Jo Ann Davis  
Privacy Authorization Form**

**Mail To:**  
Rep. Jo Ann Davis  
1623 Tappahannock Blvd.  
P. O. Box 3106  
Tappahannock, VA 22560

NAME(S) \_\_\_\_\_ DATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SSN# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**IF APPLICABLE:**

VETERAN CLAIM # \_\_\_\_\_ LABOR/COMP.# \_\_\_\_\_

ALIEN REG.# \_\_\_\_\_ CSA/CSF # \_\_\_\_\_

EEOC CASE # \_\_\_\_\_ MILITARY RANK \_\_\_\_\_

DATE/PLACE OF DISCHARGE \_\_\_\_\_

MILITARY ORGANIZATION/ADDRESS \_\_\_\_\_

OTHER INFORMATION \_\_\_\_\_

**I, \_\_\_\_\_, request and authorize Representative  
Jo Ann Davis of Virginia, and members of her staff, to make an inquiry on my behalf.**

CONSTITUENT SIGNATURE \_\_\_\_\_

BRIEFLY DESCRIBE YOUR PROBLEM:

\_\_\_\_\_

\_\_\_\_\_

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